ADVICE OF NATHAN SMITH, 1762-1829, ON THE CONDUCT OF AN ACCOUCHEUR

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Only a century or so of years have passed since Nathan Smith drove about the streets of New Haven in his chaise making the rounds of his many patients. These years have brought great changes to his native New England, as to the rest of the world. His frequent journeys from Hanover to New Haven, from New Haven to Brunswick or Burlington, were not the casual jaunts of this era of train and airplane; nor were his daily calls in and around New Haven facilitated by wide smooth roads and stream-lined motor cars. Even more startling to him perhaps would be the sight of a modern hospital, its operating rooms and laboratories, a vast and many storied structure with labyrinthine halls and corridors. When Nathan Smith died, Pasteur was a lad of seven and Lister a child of two. The futile controversy of claimants for the discovery of anaesthesia was still some years ahead. The practice of medicine and surgery was to face remarkable innovations little dreamed of in the year 1823.

In that year Nathan Smith was serving as Professor of the Theory and Practice of Physic, Surgery and Obstetrics in the Medical Department of Yale University. This would surely seem a tremendous undertaking for one man today, but to Dr. Smith who had formerly taught anatomy and chemistry as well, it meant a lighter burden. In the early days of the medical school at Dartmouth, Dr. Smith was the entire faculty, holding, in the words of Oliver Wendell Holmes, a "Settee of Professorships." His call to Yale had come in 1812 when the decision was made to establish a medical school there. His work in organizing the medical department at Dartmouth had displayed his unquestionable ability, and it is not surprising that he was invited to aid in the new enterprise. His place in the annals of medical education in this country is based on his efforts in these two famous schools, but he found time to assist at the birth of the medical schools of Bowdoin and the University of Vermont as well. During these years his professorial

duties were only a small part of his fruitful life. His early and active interest in vaccination, his many brilliant and successful operations, including his ovariotomy, later than McDowell's but entirely independent of it, his conception of the specific nature of disease, were all contributing factors in giving his name prominence in the progress of medicine in America. Dr. William H. Welch said of him, "He did more for the general advancement of medical and surgical practice than any of his predecessors or contemporaries in this country." Other biographers have agreed that he was fifty years in advance of his time.

One of Dr. Smith's students at Yale was a young man named Abraham Lines Smyth, whose early death occurred in 1832. Perhaps his only gift to posterity is a worn and faded notebook in which he inscribed his notes on Dr. Smith's lectures in 1823. This manuscript, a recent gift to the Library from Mrs. Seth Evans, lacks some of the leaves of notes, but includes a few pages entitled "Directions to the Accoucher by Nathan Smith, M.D." with the notation "Not given in his lectures." This description of the conduct and deportment of an obstetrician of the early nineteenth century sheds light on a side of the history of medicine that is usually ignored.

Directions to the Accoucher [sic]

Nathan Smith, M.D.

In the observation which I am about to make I do not intend to touch upon the most important part of Midwifery but shall dwell upon those parts which in a medical point of view would be thought unimportant. My object only is in view to render you experience without experience. Practically speaking three things are necessary; 1st, a correct knowledge of what is to be done; 2nd, a determination to do our duty regardless of the opinions of ignorant attendants; 3rd, discharging our duty in such a manner as may be pleasant and agreeable to our patient. The two first qualifications I doubt not you possess. I shall therefore speak principally of your conduct in an Obstetrical room. At this time delicacy in thought, word and deed should form a prominent part of the character of an

Accoucher. Delicacy of thought is one thing, and cold reservedness another, the one is servicable and pleasing, the other is unpleasing and disgusting. A great deal of familiarity at such a time is proper and often necessary, but is still more to be tinctured with delicacy. It is a fact that there may be the greatest delicacy in conversing on the most indelicate subject. You may sometimes fall into such company that no kind of reserve is necessary, and in which some jesting and some vulgar humor must be indulged. In such cases however never forget your dignity. Be not the foremost, rather smile at the observations of others than make observations for others to laugh at. Be the follower rather than the leader in such a case, till experience has taught you what you may do and say. When called to a woman in labour if you are not immediately invited into the room to your patient, it is best to wait until you are. Then enter the room precisely as you would on any other occasion. Should you feel a modest glow upon your cheek, never mind that trifle. Probably your patient and many of her attendants will have the same blush. Never look about for your patient to address her first, but rather accost those first who are most in your way, or rather conduct yourself as you would at any other time. If there is anyone present of whom you wish to enquire concerning their health or that of their families, or about any of your patients, or the effects of any remedy which you may have prescribed, there is no impropriety in doing it unless you have been called at a late hour and your patient requires immediate attention, when all ceremony must be waived. After you have been sometime in the room you will have observed something of your patient's situation without having been noticed in the character of an Accoucher, and you can easily enter into conversation with her, making any inquiries you think proper. If the woman is young and diffident and her mother or friends of riper years are present it will be proper to direct most of your inquiries to them. Should she be in bed it is my practice to draw my chair to the bedside, or stand by her for a few moments in conversation rather than bawl out my questions across the room. You may perhaps say what ques-

tions have I to ask on this occasion, or, in this situation, or stage of business? You may as you approach the bed if you please say: How do you do Mrs.? and on receiving her answer, you may inquire, at what time Madam was you taken ill? Are your pains regular? Do they leave you free from pain in the intervals? How have you been for sometime past? Have you been feverish? Have you been troubled with a great deal of pain, particularly cramps? What has been the state of your bowels? Have you been in the habit of laxative Med.? Are you costive at this time? Do your pains begin in your back? When you have received answers to these questions and others you may think proper to ask you will soon make up your mind whether anything is to be done immediately. If she has been or is now feverish, if her pains do not wholly go off her back in the intervals, if she has had any headache and especially if her pulse be tense, the lancet should be used. If she is costive, an injection, or if there is time for its operation, a dose of oil may be given. If a diarrhoea with griping pains attends give 15 or 20 drops of LL. The pains are seldom very regular when the feet are cold, wherefore if this should be the case, they should be put into warm water and if the cold is extensive, fomentations to the legs and abdomen. If there is a great disposition to faint, a little lavender hearts-horn or tinct. of castor may be given, remembering however that fainting and coldness may both proceed from plethora and in that case may be immediately cured by bleeding. If none of the above symptoms require your exertions and attention you may generally suffer things to go on in their own way till the pains become so frequent and strong that it is necessary to insist in delivery. I cannot give you precise instructions when this will become necessary as the strength of the patient cannot be expressed by words, very often you will find the pains not recurring oftener than once in 15 minutes and while this is the case no examination is necessary unless there is reason to expect something wrong. In case flooding comes on or the pains have continued a long time, although they may not be very frequent yet, we may examine and if we

discover such a presentation as requires turning, we may be ready to do it as soon as the *os tincae* is sufficiently dilated and before the waters have escaped. If flooding attends, it may be proper to burst the membranes, discharge the waters and suffer the uterus to contract, which will stop the hemorrhage. It is not proper however on all occasions to break the membranes on account of the hemorrhage when the labour is lingering. Sometimes on examining the *os tincae* you irritate it in such a manner as to produce effectual labour pains. At other times you will discover that the whole delay is owing to a rigidity of the membranes and that as soon as they break, the labour proceeds and is finished immediately. But when nothing requires a deficient [?definite?] conduct, though your patient keeps about, sits, lies or stands, kneels, walks or assumes that posture which is most agreeable to herself, we should generally wait until the pains return once in 5 or 6 minutes. Whenever her pains by their strength point out the necessity of examining, you should suggest to her or to some of her attendants that it is best to prepare a seat for her. Assuring her at the same time that everything is right. She should by no means be kept confined unless you find it necessary, but when her pains have continued for some time it is necessary to know her situation. I shall refer you to Books for the position of your patient, observing only that touching in certain positions is not easily performed, especially by those who are inexperienced. The situations in which touching is difficult are half lying, half sitting, lying flat on the back. In fixing the seat you should be careful to pull the under bed so much on the bedstead that it may not be uneasy to her back. Then raise her, fixed by folded blankets, or let an assistant take hold of her body and ease it into her lap, supporting her head by letting it lie on her breast, one foot of the patient will be placed over a chair on one side of you and the other on the opposite side. Generally an assistant sits in the chair to support the patient's foot on her knee.

The woman will place a shirt round to assist in keeping her comfortable and dry, as this can be changed if necessary but clothes cannot. Your patient being disposed of I

will now attend to your preparations and management. No alteration in your dress is necessary and in ordinary cases none is proper. I know that some physicians will clothe themselves in nightgowns having a shirt before them tied about their waists with a handkerchief or garter with a saucer of grease by their sides, but to me this sight is highly disgusting. Others tie a napkin around their sleeves. This practice if in any case proper should never be followed by me till the labour was so far advanced that I should not afterwards leave my seat and walk about the room. Should you be rigged in this manner and have occasion to walk the room and by chance come before a looking glass, I'll be bound you never will be found in this dress again. The only necessary is to have your coatsleeves made large so that you can slide them up above your elbows. (As all coats according to the present fashion). This can be done in an instant effectually and without being observed by anyone after you are seated and your arm under the patient's clothes. A shirt may be laid loosely in the lap as it can be laid aside whenever you have occasion to leave your seat. As to the saucer of grease, never use it. You can provide yourself with a little pomatum in a box or sweet oil in a vial which you can take from your pocket and return it again or let it lie in your lap. I think the hand should not be withdrawn at every pain as it must be more irritating to withdraw the fingers and return them than to suffer them to remain. If you withdraw your hand between the pains let it remain under the clothes of the patient and by no means hang your arm across the chair in full view. Never make any attempt to throw the lady's clothes over her head when you have got the woman in this position. It is time for you to take your seat. Should you feel any embarrassment from bashfulness it will relieve you a little to continue your conversation on any subject you happen to be conversing about, or you can question her whether her seat can be attended with anything to make it more agreeable and at the same time seating yourself. Do not unless an urgent symptom require, or an urgent pain make it necessary, proceed immediately to an examination, but waste a little time in

adjusting the cloth and placing the patient's feet in the lap of an assistant, supporting her back by placing some one against it, and:—When you proceed to examine you may not on all occasions find the *os tincae* but generally succeed if you throw your fingers back upon the center of the perineum and then draw them forward by which means you slip your fingers into the conductor leading directly to the vagina. This however is not very important direction and is designed only to prevent fumbling, passing on you feel the *os tincae* and ascertain the condition of it, as respects the situation of it and its disposition to dilate. You will easily know it by your fingers passing into it, as into the nose of a leather jug. You will find it more or less dilated as the labour is more or less advanced, but in some cases it will not readily be distinguished till you have acquired some experience. Should it be withdrawn back upon the sacrum, you will find the presenting part to be the side of the uterus pushed in a small degree by the head of the child. I have known an instance in which a Midwife mistook this part for the membranes and water pushing forward, and thought every thing was doing well. Some of the attendants expressed uneasiness in consequence of which a surgeon was called in. By great exertions he was enabled to raise the head through the fundus of the uterus forward so that a rupture was prevented, but the uterus had been so stretched in that part that it never recovered its proper situation and the woman remained an invalid. A close attention will enable you to avoid a mistake of this kind as you can always distinguish the uterus from the membrane. If you are at a loss pass your fingers under the *os pubis* and if it is the membrane you feel you can insinuate them between the head of the child and the bones of the pelvis and pass into the uterus itself. Should it be the uterus, you cannot pass up the fingers in this manner. If you feel an artery pulsating between your fingers and the child's head you may be certain your fingers rest against the uterus and not against the membranes. In short you can have no perplexity on this subject except when the womb is fully dilated or supposed to be so.